#

Chuck Eby

Neural State Controller Office (if applicable)

District (if applicable)

## Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100

| CONTRIBUTOR'S NAME AND ADDRESS | DATE OF EACH<br>CONTRIBUTION | AMOUNT OF EACH CONTRIBUTION | CHECK HERE<br>IF LOAN |
|--------------------------------|------------------------------|-----------------------------|-----------------------|
| Chuck Eby<br>2685 Polk RenoNV  | 5/02                         | 200                         |                       |
| Chuck Et7<br>2685 Polk RemoNJ  | 60Z                          | 94.06                       |                       |
| Chuck Eby<br>2685 Polt Peno NV | 8/02                         | 104.85                      |                       |
|                                |                              |                             |                       |
|                                |                              |                             |                       |
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Chuck Eby Name (print) State Controller Office (if applicable)

District (if applicable)

## Expenses of \$100 or Less

| DATE<br>OF EACH<br>EXPENSE            | AMOUNT<br>OF EACH<br>EXPENSE | CATEGORY |
|---------------------------------------|------------------------------|----------|
| 6/02                                  | 94.06                        | D        |
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| DATE            | AMOUNT             |   |
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| OF EACH EXPENSE | OF EACH<br>EXPENSE | CATEGORY                                |
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Chuck Eby
Name (print)

State Controller
Office (if applicable)

District (if applicable)

## Expenses in Excess of \$100

| CATEGORY<br>(See Previous Page)<br>NRS 294A.365 | DATE OF EACH<br>EXPENSE             | AMOUNT OF<br>EACH EXPENSE               |
|---|-------------------------------------|---|
| A   | 5/02                                | 7.00                                    |
| D   | 8/02                                | 104.85                                  |
|   |                                     |   |
|   |                                     |   |
|   |                                     |   |
|   |                                     |   |
|   |                                     |   |
|   |                                     |   |
|   |                                     |   |
|   | (See Previous Page)<br>NRS 294A.365 | (See Previous Page)  NRS 294A.365  S/oZ |

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